Middlesex Recreation Department
1200 Mountain Ave., Middlesex, NJ 08846 • (732) 356-7400 X7 • recreation@middlesexboro-nj.gov

Fall 2016 Basketball Clinics
Boys & Girls in grades 3-8

The Middlesex Recreation Department along with program coordinator Jared Goldstein is pleased to present basketball clinics to boys and girls in grades 3 through 8 whom reside in Middlesex. These sessions are intended to practice previously acquired skills and learn new ones. Team play will be emphasized & practice drills will be demonstrated. Learn the fundamentals of the game:

OFFENSIVE DRILLS: Dribbling • Passing • Shooting Instruction
DEFENSIVE DRILLS: On the ball • Off the ball help • Boxing out •Help and Recover • Rotation

Whether your child participates in one or ALL of the clinics the total fee is $30.00. Each child MUST be registered through the recreation department before attending the clinic. Once registered, your child may attend any or all of the clinic dates listed below. The one-time fee of $30 must be turned into the Middlesex Rec. Dept. only—coaches CANNOT take registration forms and/or money. **Only children on the roster will be allowed to participate.** Clinics will be offered at MHS Gym. Please make checks payable to "Middlesex Recreation Dept."

Clinics will be run by Breakaway Basketball Camp, LLC, owned and operated by Middlesex High School varsity basketball coach Jared Goldstein.

CLINIC DATES:

MONDAYS	WEDNESDAYS
September 19, 26	September 21, 28
October 3, 17, 24	October 5, 19, 26
November 14	November 2, 16

ALL CLINICS ARE HELD IN THE MIDDLESEX HIGH SCHOOL GYM
Grades 3-5 from 6pm-7pm
Grades 6-8 from 7pm-8pm

NO CLINIC on October 10, 12, 31, November 7, 9

Please fill out bottom portion and return it w/ payment to the Rec. Dept.

PLEASE PRINT CLEARLY IN PEN — BASKETBALL CLINIC FALL 2016

Name (participant)_____ Grade_____ DOB_____/_____/_____

Address_____ Phone #_____

Parent(s) Name _____Cell #_____

Parent(s) Name _____Cell #_____

Contact Email _____

Emerg. Contact (***other*** *than parent(s)*

Name _____ Relation _____ Phone _____H / W / C

Medical conditions, allergies, etc._____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid.

_____ _____/_____/_____
Parent/Guardian Signature — Date

DO NOT WRITE IN BOX - *For Office Use Only*

Receipt # _____

RCV'D _____